

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	2/2	4/31/01	
<b>FORMALITY REVIEW</b>	5578	6-75/01	
<b>RESPONSE FORMALITY REVIEW</b>	SS2	11-01-01	

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
1	12/18/01
2	12/18/01
3	12/18/01
4	12/18/01
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49	12/18/01
50	12/18/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

8/10/01